

Executive Summary

Department of Veterans Affairs

The Access of the Returning Combat Injured Amputee to Care in the VA

Background

- I. The care of the amputee occurs along a continuum from the time of injury through the lifespan of the individual. The issues of importance change throughout this continuum, as do the types and extent of resources necessary to provide optimum care. The type and prevalence of psychological and physical co-morbid conditions has received little study, as has, the intrinsic and extrinsic factors that might influence or predict outcome. The development of effective intervention strategies does require a basic understanding of the relative importance of different contributing factors.
- II. The Veterans Administration, in addition to providing care for new amputees whose amputations are related to vascular disease and diabetes, has a long history of providing care for combat injured amputees related to WWII, the Korean War, Vietnam, and Operation Desert Storm. VA has traditionally followed these patients and provided comprehensive care including prosthetic care as these individuals have aged and their functional requirements have evolved.
- III. The VA is a very large healthcare system consisting of 23 VISN's and approximately 162 medical centers. This healthcare system is charged with the task of providing the breadth of healthcare services to all veterans, including mental health, acute medicine, surgery, oncology, and disability resources as a result of spinal cord injury, traumatic brain injury, multiple sclerosis and amputation. Each VISN and its associated medical centers, have the ability to decide how to provide healthcare. This includes, not only veterans that live in the immediate geographical proximity to the medical center, but also, the veteran that lives in a rural environment often times hundreds of miles away. Medical centers have the ability to independently choose how their healthcare dollars are spent and the equipment and personnel resources that are perceived to be of highest priority. This results in high variability and availability of resources available to local amputees including, orthopedic surgery, PM&R specialists, therapy resources, and prosthetist/orthotists. Some of these resources are provided by FTEs that work for the VA and others are provided by contract services. When in-house prosthetic services are available, there remains high variability among the types and extent of those services. Further adding to the potential variability in health care is the variability in the skill sets of the providers. VA amputee healthcare practitioners such as prosthetists and physical therapists vary in their degree of specialized education or training in amputee pain management, the fitting and adjustment of specialized prosthetic devices such as microprocessor knees or sophisticated myoelectric devices.

Discussion and Recommendations:

- I. Because of the differences in the resource needs of the combat injured amputee depending on where he is along the continuum, it is important for VA and DoD to work out at what point in the rehabilitation is the transfer of care going to occur. Early Post-op? Prosthetic fitting?, long term prevention and management? If VA is to successfully meet the need of the returning combat injured, we need to better define the point or points of transfer and exchange.
- II. At this time patients are being geographically transitioned, largely from a single medical center (Walter Reed) to potentially any VISN in the country. This transition requires the coordination of patient care, one step of which involves the identification and recommendation of a medical center for the provision of rehabilitation services. It is important that VA defines the breadth of the amputation related resources that are available at each medical center, surgical, rehabilitation, and prosthetic/orthotic services, as well as, additional support services that may be necessary; blind rehab? mental health? This will appropriate triage of patients to the facilities that best fit their needs.

- III. To enhance the care of all veterans served by VA, it is important that VA prosthetists and VA facilities meet certification standards required of contract providers. An investment in the education of providers to maintain competencies and enhance competencies in evolving novel prosthetic techniques would be of benefit.
- IV. There is great variability in how amputees are being cared for in different VISN's and medical centers. It is important to understand how different systems affect amputee outcomes and patient satisfaction. This information can be used to enhance the uniformity and the quality of care that is provided.
- V. The development of clinical care centers of excellence may enhance patient care through the development of model systems. These centers could act as a focus for the development of the next generation of clinical experts in amputation surgery and rehabilitation.

Possible Steps to be taken during execution of an Amputation QUERI:

- I. Meetings between DoD and VA are necessary to determine and define how each partner will play a role in the continuum of amputee care. This will enhance the ability of the VA to "ramp up" its clinical structure to best meet the needs of the combat injured amputee.
- II. Define the types of resource needs required by the combat injured amputee at various points along the continuum of care.
- III. To enhance the transition of care from Walter Reed to VA, define the available resources in each VA Medical Center to care for the combat injured, and create a searchable database of these resources. This database should include the availability of resources related to amputation care, and associated unique and non-unique secondary issues.
- IV. Study the effects of current patterns of amputation care in the VA Health Care System on outcome and satisfaction of veteran amputees. This would include, effect of geographical accessibility to care, make up of the amputation team, systems of care, availability of resources etc. This would allow the development of high standards of care.